

KENTUCKY DENTAL TAC MEETING MINUTES
James Thompson Conference Room
275 East Main Street
Frankfort, Kentucky

August 24, 2016
8:00 a.m. EST.

The meeting of the Dental Technical Advisory Committee (TAC) was called to order by Dr. Garth Bobrowski, Chair.

The TAC members in attendance: Dr. Garth Bobrowski, Dr. Susie Riley, Dr. John Gray, Dr. Matt Johnson and Dr. Heather Wise.

Medicaid staff in attendance: Dr. Ken Rich, Stephanie Bates, C.J. Jones and Jessica Jackson.

The Managed Care Organization (MCO) representatives in attendance were: Dr. Jerry Caudill, Dr. Andy Elliott, Ms. Nicole Allen and Ms. Andrienne Bennett with Avesis; Jean O'Brien and Andrea Varvis with Anthem Kentucky; Dr. Vaughn Payne, Candace Owens, Ms. Beth McIntyre, Ms. Martha Campbell and Ms. Cthy Stephens with Humana-CareSource; Mr. Jay Hedges and Ms. Amy Sinthavong with Passport; Mr. David Hiestand with Aetna Better Health; Dr. Katherine King, Ms. Ada Carlile, Ms. Rebekah Mathews and Mr. Matt Misleh with DentaQuest.

Also in attendance: Dr. Brandon Taylor, Community Dental Clinic; Todd Edwards, Kentucky Dental Association; Dr. Julie McKee, State Dental Director.

Dr. Bobrowski introduced Dr. Katherine King as the new Kentucky Dental Director of DentaQuest. A motion was made by Dr. Johnson and seconded by Dr. Riley to approve the meeting minutes of September, 2015 and March, 2016. Dr. Bobrowski noted that the March, 2016 minutes referred to him at one point as Bob and asked that the correction be made. The minutes were unanimously approved.

MCO'S/SUBCONTRACTORS:

All the MCOs furnished the TAC members with reports prior to the meeting.

ANTHEM/DENTAQUEST: Ada Carlile reported on Quarter 1 and 2 of 2016 and reviewed the report furnished to the TAC. She reported that the MCO has added 48 general dentists and 20 specialists to the network. All benchmarks have been met and/or exceeded their goals in the area of the call center, credentialing and utilization management. Ms. Carlile reported on broken and missed appointments, and she noted that the MCO has begun to recognize providers who go above and beyond for members in the network.

AETNA BETTER HEALTH/AVESIS: Nicole Allen reported that for Quarter 1 and 2 of 2016, 100% of all of the performance goals were met. In Quarter 1, the growth of the network was 4.7%, and in Quarter 2, it was 3.16%. Credentialing turnaround time for Quarter 1 was 20 days and 24 days for Quarter 2. The MCO has seen an increase in the number of providers that are actually treating patients and receiving payment for services. Claims are paid timely and over 99% of claims are paid in 30 days or less. The sealant rate continues to grow, and children who are receiving any dental service are also growing. Ms. Allen noted that although Aetna does not reimburse providers for missed appointments, providers are actively reporting these missed and cancelled appointments.

Dr. Taylor asked if there was a way to separate out the missed appointments and not intermingle them with other claims. Dr. Caudill and Ms. Allen will review this. Dr. Taylor also noted that his office staff has difficulty with timing out while working on claims, and Ms. Allen noted that Avesis is launching a new portal that is being tested, and the timing-out issue is one of the enhancements to the new portal. Ms. Allen will have a Public Relations' rep to follow up with Dr. Taylor about these issues.

Dr. Taylor raised a concern with Aetna about the MCO requiring a prior authorization for pain medication if a patient comes back for two appointments. Dr. Hiestand will check into this.

WELLCARE/AVESIS: Ms. Allen reported for Quarter 1 and 2 of 2016. All performance goals were met with the exception of one quarter where the credentialing turnaround time for Quarter 2 was 36.33 days and the performance goal is 30 days, and this was due to one provider's credentialing taking more than 30 days. All performance goals

were met for member calls and provider call stats. The provider network grew for Quarter 1 by 4.45% and Quarter 2 by 2.93%, and 99.9% of the members had access to a provider. All performance goals were met for claims administration. During Quarter 1 and 2, WellCare did six provider seminars throughout the state that Avesis participated in.

PASSPORT: Amy Sinthavong stated that the MCO continues to increase patient access to dental providers. For Quarter 1, there were 961 unique providers, for a growth of 5.31%. For Quarter 1, there were 965 unique providers, for a growth of 4.25%. Credentialing turnaround was met in Quarter 1. However, in Quarter 2, it was 44 days for credentialing turnaround time due to one provider's credentialing taking more than 30 days. At the end of the second quarter, the number of active Medicaid providers rendering care increased by 10%. The MCO continues to meet the CMS 416 measures for oral health. The MCO exceeded the goal for claims for Quarters 1 and 2. Turnaround times were met for utilization management and provider authorization appeals.

Dr. Bobrowski asked Passport about the fee increase that was given to providers in January of 2016 but that is now going to be taken away in September, 2016. Ms. Allen explained that Passport has always been 105% of Kentucky DMS, and that on 1/1/2015 the fees were increased 20% by Passport for preventative and diagnostic because DMS had stated that when the new KAR revisions would be released, DMS' base fee schedule would be increased by 25% for those same services. However, DMS revised the rates in which the MCOs were capitated, and to remain competitive in the market, the fee schedules were adjusted back to the 105% that they were previously, and this change will take effect 9/1/2016.

HUMANA-CARESOURCE/AVESIS: Ms. Allen stated that Avesis became the Benefit Administrator effective January 1, 2016. All performance measures were met for call stats for Quarter 1 and 2. There has been a significant increase to the number of providers that participate in the program. In Quarter 1, the network grew by 18.75% compared to the previous quarter; and for the second quarter, the network grew an additional 7.71%. The number of dentists treating patients and receiving payment increased by 12% from the first quarter to the second quarter which is a big jump for a six-month period. For oral health, the 416 CMS measurements continue to increase.

Dr. Riley asked what the MCO's position is on paying interest on claims that are over 30 days. Ms. McIntyre stated she will discuss this with Dr. Riley after the meeting.

KY MEDICAID FFS: A report was provided to the TAC. Jessica Jackson stated that there were some systematic issues with the D0140 code but these have been corrected and they are now being reviewed, processed and paid in a timely manner. She asked providers to contact her if they are still having issues. Dr. Riley asked about denture codes being paid to adults 21 and over and Ms. Jackson noted that this was for a waiver patient. Ms. Jackson will provide more information to Dr. Riley on this topic.

Dr. Taylor asked about the turnaround time for provider revalidation. C.J. Jones suggested inviting someone from Provider Integrity to the next TAC meeting to discuss this issue. She also recommended that the TAC formulate any questions they may have and provide them to Ms. Jackson so she can present them to the representative from Program Integrity ahead of the meeting. Ms. Jackson will furnish the TAC with contact information for Provider Integrity and Provider Enrollment.

Ms. Jones noted that at Dr. McKee's request, DMS has added the missed appointments and cancelled appointments and the screening CDT code to the preventive fee schedule. Dr. McKee announced that after the first full year of Public Health hygienists seeing Medicaid patients, 92% of them have received care in a local dentist's office.

GENERAL CONCERNS OF TAC MEMBERS OF ALL MCOs:

* Dr. Johnson and Dr. Bobrowski continued to raise the concern about access-to-care numbers and that they are not reflective of what is available in the regions across the state.

*Dr. Wise asked if it is possible to look at a different tier of claims performance, and Ms. Bates stated that for the next contract year, DMS is looking at tying it to claims and full-time equivalents of providers.

*Dr. Bobrowski discussed a concern of providers being listed as a Medicaid provider but they do not see Medicaid patients and yet charge the patient a full fee. Ms. Bates and Dr. Caudill stated they need to know about these situations because this is not allowed.

*Dr. Riley asked Avesis if acknowledgement letters for appeals are posted on the website. Ms. Allen will take this back for review.

*Dr. Taylor asked if Avesis reports and monitors claim denials even if a claim is overturned or is considered an incorrect denial. Ms. Allen stated that Avesis has to look at their claim accuracy to confirm that the claim is being

processed according to claim processing guidelines. She asked for examples from Dr. Taylor and stated she could send a Provider Relations' rep to his office for further education or training.

*Dr. Taylor stated that he did not think that incision and drainage procedures done in conjunction with extractions should be kicked back. Dr. Caudill stated that he has taken action to look into this.

*Dr. Bobrowski raised a concern that his office is receiving denials due to an unknown provider. He provided Ms. Allen with an example and she will look into this.

*Dr. Bobrowski raised a concern of patients who have braces and do not follow up with general dentists for cleaning. Dr. Caudill stated that Avesis could do an outreach to the orthodontic network to ask them to encourage their patients to see a general dentist for cleanings.

*Ms. Allen encouraged all providers to report any inappropriate behavior by members to the MCO plans.

OLD BUSINESS:

** Dr. Bobrowski stated that Ms. Mathews of DentaQuest was to report on why the number of denied and approved services did not total up to the total service request count on Slide 15 in their presentation on March 23, 2016. Ms. Mathews will have to follow up since she did not see this item on the agenda nor did she have access to the previous minutes.

** Morgan Tackett with MCNA Dental was going to send the TAC an updated version of the geo access map. Candace Owens stated this had been sent to the TAC but she will send it again.

** Nicole Allen was to provide the TAC with a listing of providers per county. Ms. Allen stated Avesis is not authorized to release this information and that the MCOs consider it proprietary to identify the number of providers by county. Dr. Johnson asked if this could be provided by region and Dr. Caudill said that would be up to the MCOs.

RETROTERMINATIONS: Dr. Bobrowski made a motion and it was seconded by Dr. Riley that the language be changed to indemnify the dental provider from recoupment of funds for treatment already provided solely for ineligibility of the patient when the provider can prove that the patient was eligible on the date of service by the MCO and DMS website. The motion was approved unanimously.

EARLY CREDENTIALING AND OBTAINING MEDICAID NUMBER FOR NEW GRADUATES: Ms. Jackson recommended that this question be directed to Program Integrity. Dr. Caudill asked that DMS not make statements to providers that they can participate in Medicaid once they have an ID number without telling them that they need to also be credentialed with each MCO plan that they will be participating in.

MOBILE/PORTABLE DENTAL UNITS: Dr. Bobrowski again asked each MCO to present a one-page summary regarding how services are handled through mobile or portable dental units. Dr. Caudill noted that a mobile/portable group has been formed to work on a set of guidelines and he stated that a draft should be ready in September.

NEW BUSINESS:

MCO ISSUES/CONCERNS: Dr. Bobrowski made a motion that the contracts between DMS and the MCOs reflect a floor on the reimbursements to providers to match the KAR. This motion was tabled for further discussion by the TAC.

Dr. Bobrowski spoke about concerns providers are having with receiving notification of policy changes and these policy changes taking effect before the providers are notified. Ms. Allen stated that Avesis would like to use provider email addresses, and Dr. Caudill suggested that the Kentucky Dental Association share this request with the dental providers. Ms. Allen will furnish to the TAC all the grids that have been updated with the 2/5/2016 KAR revisions.

Dr. Bobrowski made a motion and it was seconded by Dr. Gray that all MCOs present any changes in their standardization of care or policy changes to the Dental TAC prior to implementation for analysis, review and to offer approval or disapproval. Motion unanimously passed.

Dr. Bobrowski discussed the feasibility of a statewide soda tax where the money generated would be used to help pay for dental care and oral health education. He also asked that DMS look into the use or abuse of the EBT card and that Medicaid members make better food and drink decisions for better overall health and especially oral health.

ELECTRONIC HEALTH RECORD ISSUE: Ms. Jackson asked Dr. Bobrowski to email her the concerns he has been receiving from providers and she will see if someone from Compliance could attend a future TAC meeting.

WAIVER UPDATE: Dr. McKee stated that the waiver was submitted to CMS today and that dental and vision changes are to be delayed three months so that patients can build up their My Rewards' account.

PUBLIC COMMENTS: There were no public comments.

The meeting was adjourned. The next meeting will be held on November 16, 2016.

(Minutes were taped and transcribed by Terri Pelosi, Court Reporter, this the 14th day of September, 2016.)